



GOVERNMENT OF GUAM  
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



LOURDES A. LEON GUERRERO  
GOVERNOR, MAGA'HA'GA'

JOSHUA F. TENORIO  
LT. GOVERNOR, SIGUNDO MAGA'LAHI

ARTHUR U. SAN AGUSTIN, MHR  
ACTING DIRECTOR

LAURENT SF DUENAS, MPH, BSN  
DEPUTY DIRECTOR

TERRY G. AGUON  
DEPUTY DIRECTOR

Date: 8/15/2020

SUBWAY - UNIVERSITY CASINO MALL  
Name of Establishment

As a result of this inspection your establishment received a:

☐ LETTER OF WARNING

(Demerit/Grade Points)

Once you have corrected all violations cited on your establishment's inspection report, you must provide us a written request for re-inspection to include a description of the corrective measures that you have implemented. If we do not receive a written re-inspection request from you, we will conduct a follow-up inspection after ten (10) calendar days from the official receipt of this notice to ensure that corrective measures have been taken.

Failure to correct violations may result in the closure of your establishment pursuant to section 21109(b) of 10GCA, Chapter 21.


☒ NOTICE OF CLOSURE

NO CERTIFIED MANAGER ON DUTY  
(Demerit/Grade Points)

Once you have corrected all violations cited on your establishment's inspection report, you must provide us a written request for re-inspection to include a description of the corrective measures that you have implemented. Unlike an establishment who has received a letter of warning, an establishment shall remain closed unless a written request for re-inspection is made. Under 10 GCA Ch. 21 §21109(b), suspension without prior hearing may be imposed until the violation is corrected. You may also request a hearing to the Division of Environmental Health within five (5) calendar days of the date of this notice. When a hearing is requested following a suspension without prior hearing, it shall be discretionary with the Director as to whether the suspension shall be continued pending the hearing.

We look forward to working closely with you as partners in promoting health and sanitary practices on Guam. If you need further assistance, you can reach us at 300-9579 or (fax) 300-9577. Si Yu'us Ma'ase.

Sincerely,

FOR   
ARTHUR U. SAN AGUSTIN, MHR  
Acting Director

Issued By:

T. Shimizu  
Name of EPHO

Received By:

Asako Jonah  
Establishment Representative

Department of Public Health & Social Services ITC Building Ste 219  
590 S. Marine Corps Drive, Tamuning, Guam 96913-3532  
[www.dphss.guam.gov](http://www.dphss.guam.gov)

Revised 07/22/2020

**Department of Public Health and Social Services  
Division of Environmental Health  
Food Establishment Inspection Report**

Page 2 of 3

ESTABLISHMENT NAME <b>SUBWAY - UNIVERSITY CASTLE MALL</b>	LOCATION (Address) <b>SEE PAGE 1</b>
INSPECTION DATE <b>8/15/2020</b>	SANITARY PERMIT NO. <b>200702168</b>
PERMIT HOLDER <b>NAKIGS CORPORATION</b>	

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	§4415 of the Health Certificate Regulations states, "...every eating and drinking establishment and food establishment...shall have a designated manager or supervisor who shall be certified under the provisions of these rules and regulations...(and) is a requirement in addition to, and not in lieu of, a Health Certificate."	
	10 GCA Ch. 21 Section 21109(a) (Suspension and Revocation of Permit) states, "A permit may be suspended by the Director pursuant to §21107(2)(d) or upon the violation by the holder or by a person in his employ or under his supervision or control of any of the provisions of this Part.	
	10 GCA Ch. 21 Section 21109(b) states, "Suspension of a permit may be imposed without prior hearing in the discretion of the Director by giving written notice thereof to the holder, in which case, the holder shall have five (5) days within which to request a hearing. Suspension without prior hearing may be imposed for such time until the violation is corrected; or may be imposed as a penalty for repeated violations, in which case, it shall not exceed five (5) days; or may be imposed pending a hearing under Subsections (c) or (d) of this Section. When a hearing is requested following a suspension without prior hearing, it shall be discretionary with the Director as to whether the suspension shall be continued pending the hearing." Hearings shall be conducted according to the Administrative Adjudication Law.	
	An establishment without a manager with a valid certificate of Management Certification shall result in the suspension of its permit. This is a written notice that your permit is hereby suspended.	
	<b>REMOVED "A" PLACARD NO. 02378</b>	
	Provided the Person-in-Charge (PIC) with the following:	
	Press Release No. 2018-070 Certificate of Manager's Certification requirement for all retail food facilities dated August 6, 2018.	
	Posted "Notice of Closure" placard	
	Discussed inspection report with the PIC	
	Issued "Notice of Closure" letter	
	Issued Follow-up inspection request form	
	A re-instatement fee of \$100.00 shall be paid to the Department of Public Health and Social Services upon successful completion of a Follow-up inspection.	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) <b>ASAKO TONAT</b> <i>asako</i>	Date: <b>8/15/20</b>
DEH Inspector (Print and Sign) <b>T. SHIMIZU</b> <i>EPH101</i>	Date: <b>8/15/2020</b>



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
DIVISION OF ENVIRONMENTAL HEALTH  
**PUBLIC AND PRIVATE PREMISES  
INSPECTION REPORT**

NAME: (OWNER, LESSEE, OCCUPANT, ETC.)

SUBWAY UNIVERSITY CASTLE MAN

ADDRESS: Lot #, street name, house/apt. #, building name:

UNIVERSITY CASTLE MAN

INSPECTION/INVESTIGATION DATE:

8/15/2020

COMPLAINT#:

N/A

MUNICIPALITY/VILLAGE; SUBDIVISION:

MANGILAO

THE FOLLOWING CHECKED ITEMS REPRESENT VIOLATIONS OF THE CORRESPONDING SECTIONS OF TITLE 10, GUAM CODE ANNOTATED

SECTION #	REMARKS	Not Observed	Corrected on the Spot (COS)	Repeat
	An assessment of the above-mentioned facility was conducted on this day to determine compliance with DPHSS Guidance Memorandum 2020-25 (June 22, 2020) during the COVID-19 emergency.			
	The following violations were observed and deemed a public nuisance:			
<input type="checkbox"/>	1. Failed to require and enforce mandatory use of face masks with employees/customers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	2. Failed to enforce social distancing of a minimum of 6 feet between individuals in the interior and exterior premises of the property of the business.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	3. Failed to post appropriate signage for face masks and social distancing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	4. Failed to have a policy in place for the frequent cleaning of all surfaces.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	5. Failed to have and present an organization-specific guidance plan in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	6. Failed to properly maintain the required occupant load of _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	7. Failed to adhere to the authorized number for social gatherings on business premises.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	8. Failed to adhere to the requirements outlined in DPHSS Guidance Memorandum 2020-12 Rev 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Section 20106 (Title 10 Guam Code Annotated, Chapter 20) authorizes Department of Public Health & Social Services to conduct inspections of all public and private grounds, buildings, & other places to enforce & order the immediate abatement of the public nuisance. Businesses that fail to comply with applicable & current Executive Orders and/or Public Health Guidances shall be deemed a public nuisance under Chapter 20, Title 10, of the Guam Code Annotated which are misdemeanors, if found guilty.			
	Observations/Findings: <input type="checkbox"/> None			
	<u>NO CERTIFIED MANAGER ON DUTY, STILL ALLOWING SELF SERVICE.</u>			

YOU ARE HEREBY GIVEN N/A DAYS \_\_\_\_\_ HOURS TO CORRECT THE ABOVE CITED PROBLEMS.YOUR PROPERTY WILL BE REINSPECTED ON OR ABOUT N/A (DATE)

RECEIVED BY (Print &amp; Sign):

Asako JONATHafuach

DEH INSPECTOR (Print &amp; Sign):

T. SHIMIZUEPHOIJ. ALMAMPES



**Department of Public Health and Social Services  
Division of Environmental Health  
Food Establishment Inspection Report**

Page 1 of 3

INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6	08/15/2020	SUBWAY - UNIVERSITY CASTLE MALL
Follow-up	<input type="checkbox"/>	<input type="checkbox"/>		TIME IN: 5:10	TIME OUT: 6:27
Complaint	<input type="checkbox"/>	<input type="checkbox"/>	RATING	PERMIT HOLDER: NAKIOL CORPORATION	
Investigation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	LOCATION (Address): LOT 5370-2-1-125371-1 REM - IR UNIT 4, UNIVERSITY CASTLE MALL	
Other:	<input type="checkbox"/>	<input type="checkbox"/>		SANITARY PERMIT NO.: 100702168	
ESTABLISHMENT TYPE: RESTAURANT			AREA: 4	TELEPHONE: 7345525	No. of Risk Factor/Intervention Violations: 8
					No. of Repeat Risk Factor/Intervention Violations: 3

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
<b>Supervision</b>						
1	IN	OUT	Person in charge present, demonstrates knowledge, and performs duties			6
<b>Employee Health</b>						
2	IN	OUT	Management awareness; policy present			6
3	IN	OUT	Proper use of reporting, restriction & exclusion			6
<b>Good Hygienic Practices</b>						
4	IN	OUT	Proper eating, tasting, drinking, betelnut, or tobacco use			6
5	IN	OUT	No discharge from eyes, nose, and mouth			6
<b>Preventing Contamination by Hands</b>						
6	IN	OUT	Hands clean and properly washed			6
7	IN	OUT	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			6
8	IN	OUT	Adequate handwashing facilities supplied & accessible			6
<b>Approved Source</b>						
9	IN	OUT	Food obtained from approved source			6
10	IN	OUT	Food received at proper temperature			6
11	IN	OUT	Food in good condition, safe, and unadulterated			6
12	IN	OUT	Required records available: shellstock tags, parasite destruction			6
<b>Protection from Contamination</b>						
13	IN	OUT	Food separated and protected			6
14	IN	OUT	Food contact surfaces: cleaned & sanitized			6
15	IN	OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food			6
<b>Potentially Hazardous Food (TCS Food)</b>						
16	IN	OUT	Proper cooking time and temperatures			6
17	IN	OUT	Proper reheating procedures for hot holding			6
18	IN	OUT	Proper cooling time and temperatures			6
19	IN	OUT	Proper hot holding temperatures			6
20	IN	OUT	Proper cold holding temperatures			6
21	IN	OUT	Proper date marking and disposition			6
<b>Consumer Advisory</b>						
22	IN	OUT	Consumer Advisory provided for raw or undercooked foods			6
<b>Highly Susceptible Populations</b>						
23	IN	OUT	Pasteurized foods used; prohibited foods not offered			6
<b>Chemical</b>						
24	IN	OUT	Food additives, approved and properly used			6
25	IN	OUT	Toxic substances properly identified, stored, used			6
<b>Conformance with Approved Procedures</b>						
26	IN	OUT	Compliance with variance, specialized process, and HACCP plan			6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods

Mark "X" in box: if numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
<b>Safe Food and Water</b>						
27			Pasteurized eggs used where required			1
28			Water and ice from approved source			2
29			Variance obtained for specialized processing methods			1
<b>Food Temperature Control</b>						
30			Proper cooling methods used; adequate equipment for temperature control			1
31			Plant food properly cooked for hot holding			1
32			Approved thawing methods used			1
33			Thermometer provided and accurate			1
<b>Food Identification</b>						
34			Food properly labeled; original container			1
<b>Prevention of Food Contamination</b>						
35			Insects, rodents, and animals not present			2
36			Contamination prevented during food preparation, storage & display			1
37			Personal cleanliness			1
38			Wiping cloths: properly used and stored			1
39			Washing fruits and vegetables			1
<b>Proper Use of Utensils</b>						
40			In-use utensils: properly stored			1
41			Utensils, equipment and linens: properly stored, dried, handled			1
42			Single-use/single-service articles: properly stored, used			1
43			Gloves used properly			1
<b>Utensils, Equipment and Vending</b>						
44			Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45			Warewashing facilities: installed, maintained, used; test strips			1
46			Nonfood-contact surfaces clean			1
<b>Physical Facilities</b>						
47			Hot & cold water available, adequate pressure			2
48			Plumbing installed; proper backflow devices			2
49			Sewage and wastewater properly disposed			2
50			Toilet facilities: properly constructed, supplied, & cleaned			2
51			Garbage/refuse properly disposed; facilities maintained			2
52			Physical facilities installed, maintained, and clean			1
53			Adequate ventilation and lighting; designated areas use			1
<b>Documents and Placards</b>						
54			Sanitary Permit, Health Certificates valid and posted			2

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign): ASANO JONAH  
DEH Inspector (Print and Sign): T. SHIMIZU

Date: 8/15/20  
Follow-up (Circle one): YES NO Follow-up Date: \_\_\_\_\_

Department of Public Health and Social Services  
Division of Environmental Health  
**Food Establishment Inspection Report**

Page **3** of **3**

ESTABLISHMENT NAME <b>SUBWAY - UNIVERSITY CASTLE MALL</b>		LOCATION (Address) <b>LOT 5370-2-1-1 &amp; 5371-1 PERM 1-1 UNIVERSITY, CASTLE MALL</b>
INSPECTION DATE <b>8/15/2020</b>	SANITARY PERMIT NO. <b>200702168</b>	PERMIT HOLDER <b>NAKICOS CORPORATION</b>

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

A REGULAR INSPECTION WAS CONDUCTED. PREVIOUS INSPECTION ON 4/8/2020 RESULTED IN "G/A." THE FOLLOWING VIOLATIONS WERE OBSERVED

OBSERVED NENA SHRUE IRDS DB: 8/28/1963 WORKING WITHOUT A HEALTH CERTIFICATE.

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign)  
**Asako JONAH**

DEH Inspector (Print and Sign)  
**T. SHIMIZU**

Date: **8/15/2020**  
Date: **8/15/2020**





GOVERNMENT OF GUAM  
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



**COMPLIANCE CHECKLIST FOR EATING AND DRINKING ESTABLISHMENTS**  
BASED ON EXECUTIVE ORDER 2020-20, 2020-16, 2020-14,  
DPHSS GUIDANCE MEMO 2020-07 and 2020-12

Name of Establishment: Subway - University Castle Mall Company Name: NakiKos Corporation

Location: Lot 5730-2-1-1 & 5371-1-REM - 1-R1 Unit 14  
University Castle Mall Mangilao

Item No.	Criteria	Comments	In Compliance with Executive Order and Industry Guidance	
	<b>General Requirements</b>			
1	Has a written policy and procedures for COVID-19 prevention and control measures prior to re-opening, which address the following:		<input checked="" type="radio"/> Yes	No
	a. Employee health, to include having a plan in place if someone is or becomes sick		<input checked="" type="radio"/> Yes	No
	b. Cleaning/sanitizing procedures		<input checked="" type="radio"/> Yes	No
	c. Social distancing and other protective measures		<input checked="" type="radio"/> Yes	No
2	Operates at no more than the authorized occupancy rate		<input checked="" type="radio"/> Yes	No
3	Prohibits the use of high touch items such as food trays		Yes	No
4	Prohibits the operation of salad bars, buffets, and/or self-service operations	Soda fountain remains Self-Service, Chips and	Yes	<input checked="" type="radio"/> No
5	Follows the requirement of the Guam Food Code that also applies to COVID-19 mitigation:		Yes	No
	a. Prohibiting sick employees in the workplace		<input checked="" type="radio"/> Yes	No
	b. Strict handwashing practices, to include when and how		<input checked="" type="radio"/> Yes	No
	c. Strong procedures and practices to clean and sanitize surfaces		<input checked="" type="radio"/> Yes	No
	d. PIC is on site and is a certified food manager	No CFM on site	Yes	<input checked="" type="radio"/> No
	<b>Employee Health</b>			
6	Screens employees and patrons before entering the facility	Employee Temp chk schedule	<input checked="" type="radio"/> Yes	No
7	Possesses adequate supplies to support healthy hygienic behaviors		<input checked="" type="radio"/> Yes	No
8	Posted signage for employees and patrons on good hygiene and sanitation practices		<input checked="" type="radio"/> Yes	No
	<b>Cleaning and Disinfection</b>			
9	Has a cleaning and disinfection procedures and schedule in place for common areas, highly touch surfaces, and the entire establishment	Hourly cleaning and Sanitizing schedule.	<input checked="" type="radio"/> Yes	No
10	Possesses adequate cleaning and disinfection products and PPE to perform enhanced cleaning/disinfection		<input checked="" type="radio"/> Yes	No
11	Follows CDC's cleaning and disinfecting guidelines		<input checked="" type="radio"/> Yes	No
	<b>Ventilation</b>			
12	Maximizes fresh air through use of existing ventilation system		<input checked="" type="radio"/> Yes	No
13	Minimizes air from fans blowing from one person directly at another individual		<input checked="" type="radio"/> Yes	No

Social Distancing and Other Protective Measures			
14	Implements social distancing of at least 6 feet and posting of appropriate signage		<input checked="" type="radio"/> Yes No
15	Posted signage at entrance stating that no one with COVID-19 symptoms is permitted inside		<input checked="" type="radio"/> Yes No
16	Appropriate physical barriers are in place for cafeteria style dining and booth seating	n/a	Yes No
17	For congregations or social gatherings:		
	a. Total number of people, including employees, do not exceed the capacity permitted in the most recent E.O. (including ballroom and private rooms)		<input checked="" type="radio"/> Yes No
	b. Total number of people in each party do not exceed the number allowed for congregations or social gatherings in most recent E.O.		<input checked="" type="radio"/> Yes No
18	Mandating the wearing of face mask		<input checked="" type="radio"/> Yes No

RECEIVED BY (Name and Title)	DATE
Asako JONATHAN <i>Asako</i>	8/15/20
DEH INSPECTOR (Name and Title)	DATE
T. SHIMURA <i>T. Shimura</i>	8/15/2020

J. Almandres, PCIV *J. Almandres*

8/15/20 8:12pm start  
end